

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0336 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

October 30, 2006

Dorothy Hansen, Administrator Mallory House 3400 S 5th West Idaho Falls, ID 83402

License #: RC-534

Dear Ms. Hansen:

On August 22, 2006, a life safety code survey was conducted at Mallory House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Team Leader

Health Facility Surveyor

Facility Fire, Life Safety, and Construction Program

EM/slc

c:

Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

September 6, 2006



Dorothy Hansen, Administrator Mallory House 3400 S 5th West Idaho Falls, ID 83402

Dear Ms. Hansen:

On August 22, 2006, a life safety code survey was conducted at Mallory House. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 22, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

Try L Bry FOR

MG/slc

Enclosure

PRINTED: 08/30/2006 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13R534

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ENTIRE BUILDING 08/22/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MALLORY HOUSE		3400 S 5TH WEST IDAHO FALLS, ID 83402			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORMA	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
R9999	Initial Comments  The facility was found to be in substanti compliance with the fire and life safety of the Rules for Residential or Assisted Facilities in Idaho. No core deficiencies cited during the standard fire/life safety conducted on August 22, 2006. The su conducting the survey was:  Eric Mundell Team Leader Health Facility Surveyor  Mark P. Grimes Health Facility Surveyor	standards Living were survey	R9999		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



## **BUREAU OF FACILITY STANDARDS** P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

## **ASSISTED LIVING** Non-Core Issues **Punch List**

Facility Name	Physical Address	Phone Number
MAllory House	3400 South 5th West	208 528-6599
Administrator	City	ZIP Code
DOROTHY HANSEN	IDAHO FALLS	83402
Survey Team Leader	Survey Type	Survey Date
ERIC MUNDELL	FL5	8/22/06

**NON-CORE ISSUES** DESCRIPTION DATE ITEM **RULE#** RESOLVED IDAPA LAUNISEY ROOM DOOR WHICH IS A HAZARIDUS AREA WAS FOUND DROPIED OPEN 16,03.22.404.01 WITH A DOOR STOP DOOR TO THIS AREA MUST REMAIN CLOSED OR HELD magnetically AND Tied to AlARIN System Approximate Eight (8) Foot overhang approach to Front of Building 16.03.22.404.01 Combustible construction. This overhaus, Requires speinkler Sprinklin hand in corridor wear Room 138 is protuding trom 16.03.22.415.01 Response Required Date Signature of Facility Representative